

**Application Data Sheet****Application Information**

Application number:: 10/529,513  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Artemisinin-Derived Trioxane Dimers  
Attorney Docket Number:: 018890-000610US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
1 - ∞ Given Name:: Gary  
Middle Name:: H.  
Family Name:: Posner  
Name Suffix::  
City of Residence:: Baltimore MD  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 3216 Timberfield Lane  
City of Mailing Address:: Baltimore  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21208

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
2 - ∞ Given Name:: Theresa  
Middle Name:: A.  
Family Name:: Shapiro  
Name Suffix::  
City of Residence:: Towson MD  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 1017 Hart Road  
City of Mailing Address:: Towson  
State or Province of mailing address:: MD

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21286

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity

3 - 00 Given Name:: Surojit

Middle Name::

Family Name:: Sur

Name Suffix::

City of Residence:: Baltimore MD

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 116 W. University Parkway, Apt. 1213

City of Mailing Address:: Baltimore

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 21210

Applicant Authority Type:: Inventor

4 - 00 Primary Citizenship Country:: Bangladesh

Status:: Full Capacity

Given Name:: Tanzina

Middle Name::

Family Name:: Labonte

Name Suffix::

City of Residence:: Baltimore MD

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 3100 St. Paul Street, Apt. 415

City of Mailing Address:: Baltimore

State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21218

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Slovenia  
Status:: Full Capacity

5 - 00 Given Name:: Kristina

Middle Name::

Family Name:: Borstnik

Name Suffix::

City of Residence:: State College PA

State or Province of Residence:: PA

Country of Residence:: US

Street of Mailing Address:: 921 Southgate Dr.

City of Mailing Address:: State College

State or Province of mailing address:: PA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 16801

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Korea, South  
Status:: Full Capacity

6 - 00 Given Name:: Ik-Hyeon

Middle Name::

Family Name:: Paik

Name Suffix::

City of Residence:: Baltimore MD

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 18 Kings Crossing Court, Apt. J

City of Mailing Address:: Baltimore  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21030

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity

7 - 00 Given Name:: Andrew  
Middle Name:: J.  
Family Name:: McRiner  
Name Suffix::

City of Residence:: Baltimore MD  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 110 W. 39th Street, Apt. 1605  
City of Mailing Address:: Baltimore  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21210

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::
PCT	PCT/US03/030612	09/26/03

**Assignee Information**

Assignee Name::	Johns Hopkins University - License & Technology Development
Street of mailing address::	100 North Charles Street, 5th Floor
City of mailing address::	Baltimore
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	21201